

Rec'd PCT/PTO 18 FEB 2005

FAX TRANSMISSION**DATE:** February 18, 2005**PTO IDENTIFIER:** Application Number 10/512080
Patent Number**Inventor:** Tito BACARESE-HAMILTON *et al.***MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 305-3230**FROM:** LAHIVE & COCKFIELD, LLP

Danielle L. Herritt

PHONE: (617) 227-7400**Attorney Dkt. #:** FBU-001US**PAGES (Including Cover Sheet):** 6**CONTENTS:** Supplemental Application Data Sheet (4 pages)
Certificate of Transmission (1 page)
This Fax Cover Sheet (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PTO/GB/97 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U. S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/512030

Attorney Docket No.: FBU-001US

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on February 18, 2005
Date



Signature

Danielle L. Hemm

Typed or printed name of person signing Certificate

43,670

Registration Number, if applicable

(617) 227-7400

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Supplemental Application Data Sheet (4 pages)
This Certificate of Transmission (1 page)
Fax Cover Sheet (1 page)

*** RX REPORT ***

RECEPTION OK

TX/RX NO	5531	
CONNECTION TEL		6177424214
SUBADDRESS		
CONNECTION ID		
ST. TIME	02/18 14:48	
USAGE T	04'29	
PGS.	6	
RESULT	OK	